



Please type a plus sign (+) inside this box →

## TRANSMITTAL FORM

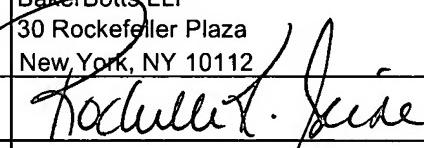
(to be used for all correspondence after initial filing)

		Application Number	10/030,829
		Filing Date	April 18, 2002
		First Named Inventor	Beclin
		Group Art Unit	1638
		Examiner Name	Ibrahim, M.
Total Number of Pages in This Submission		Attorney Docket Number	A34920-PCT-USA (072667.0179)

### ENCLOSURES (check all that apply)

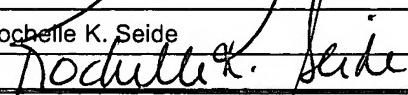
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks <input checked="" type="checkbox"/>		
Response to Restriction Requirement		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts, LLP 30 Rockefeller Plaza New York, NY 10112
Signature	 Rochelle K. Seide
Date	November 18, 2003

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Rochelle K. Seide
Signature	 Rochelle K. Seide
Date	November 18, 2003

**BAKER BOTTS LLP**

Attorney Docket Number: A34920-PCT-USA (072667.0179)

Title:

NOVEL SGS3 PLANT GENE AND USES THEREOF

Use Space Below for Additional Information:



**BAKER BOTTS LLP**

IMAGE

1638

patient

## FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$ 0)
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### Complete if Known

Application Number	10/030,829
Filing Date	April 18, 2002
First Named Inventor	Beclin
Examiner Name	Ibrahim, M.
Group Art Unit	1638
Attorney Docket No.	A34920-PCT-USA (072667.0179)

### METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-4377**

Deposit Account Name **Baker Botts LLP**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

### FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee			
330	165	Design filing fee			
510	255	Plant filing fee			
740	370	Reissue filing fee			
160	80	Provisional filing fee			
<b>SUBTOTAL (1)</b>		<b>(\$ 0)</b>			

2. EXTRA CLAIM FEES

Total Claims	22	Extra Claims	Fee from below	Fee Paid
Independent Claims	3	22 - 3 = 19	0 x _____ = 0	0
Multiple Dependent			0 x _____ = 0	0
			0 = 0	

Large Entity	Small Entity	Fee (\$)	Fee (\$)	Fee Description
18	9	Claims in excess of 20		
84	42	Independent claims in excess of 3		
280	140	Multiple dependent claim, if not paid		
84	42	** Reissue independent claims over original patent		
18	9	** Reissue claims in excess of 20 and over original patent		
<b>SUBTOTAL (2)</b>		<b>(\$ 0)</b>		

\*or number previously paid, if greater) For Reissues, see above

### FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath			
50	25	Surcharge - late provisional filing fee or cover sheet			
130	130	Non-English specification			
2,520	2,520	For filing a request for ex parte reexamination			
920*	920*	Requesting publication of SIR prior to Examiner action			
1,840*	1,840*	Requesting publication of SIR after Examiner action			
110	55	Extension for reply within first month			
400	200	Extension for reply within second month			
920	460	Extension for reply within third month			
1,440	720	Extension for reply within fourth month			
1,960	980	Extension for reply within fifth month			
320	160	Notice of Appeal			
320	160	Filing a brief in support of an appeal			
280	140	Request for oral hearing			
1,510	1,510	Petition to institute a public use proceeding			
110	55	Petition to revive - unavoidable			
1,280	640	Petition to revive - unintentional			
1,280	640	Utility issue fee (or reissue)			
460	230	Design issue fee			
620	310	Plant issue fee			
130	130	Petitions to the Commissioner			
50	50	Processing fee under 37 CFR 1.17(q)			
180	180	Submission of Information Disclosure Stmt			
40	40	Recording each patent assignment per property (times number of properties)			
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))			
740	370	For each additional invention to be examined (37 CFR § 1.129(b))			
740	370	Request for Continued Examination (RCE)			
900	900	Request for expedited examination of a design application			
Other fee (specify)					
*Reduced by Basic Filing Fee Paid				<b>SUBTOTAL (3)</b>	
				<b>(\$ 0)</b>	

Complete if applicable

Name (Print/Type)	Rochelle K. Seide	Registration No. (Attorney/Agent)	32,300	Telephone	212-408-2626
Signature	<i>Rochelle K. Seide</i>			Date	November 18, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Beclin *et al.*  
Serial No. : 10/030,829      Examiner: Ibrahim, M.  
Filed : April 18, 2002      Group Art Unit: 1638  
For : NOVEL SGS3 PLANT GENE AND USES THEREOF

**RESPONSE TO RESTRICTION REQUIREMENT**

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

November 18, 2003  
Date of Deposit

Rochelle K. Seide  
Attorney Name

Rochelle K. Seide  
Signature

32,300  
PTO Registration No.

November 18, 2003  
Date of Signature

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement dated October 22, 2003, please consider the following amendments and remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.